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Secretary of State
05-08-2006 90269 048 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000088268

1. Entity Name
HEALTHY LIFE NATURAL PRODUCTS, INC.

66021298

Principal Place of Business	Mailing Address
2375 WEST 80 ST. BAY 1 BLDG D HIALEAH, FL 33016	7105 SW 8 ST. 306 MIAMI, FL 33144

04262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
10020 SW 124 STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33176 Country	Zip Country

4. FEI Number: 65-0869300 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, FANOR
2375 WEST 80 ST.
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name: D'ERBITI, LORENZO E.
Street Address (P.O. Box Number is Not Acceptable): 10020 SW 124 STREET
City: MIAMI, FL FL Zip Code: 33176

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 6/12/06
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — Date

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	AVENIA, LUZ M	NAME	D'ERBITI, LUZ M.
STREET ADDRESS	2575 WEST 67 #11 BLDG. 3	STREET ADDRESS	10020 SW 124 STREET
CITY-ST-ZIP	HIALEAH, FL 33016	CITY-ST-ZIP	MIAMI, FL 33176
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ M. D'ERBITI [signature] 6-20-06 305 2263443
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #